•				COVER PAGE
Recipient Committee Campaign Statement	Type or print in in	ak.	Date Stamp	CALIFORNIA 460
Cover Page		RECEI	V E D	FORM
(Government Code Sections 84200-84216.5)	Statement covers period from OCT 20, 2002	Date of election if applicable: (Month, Usy, Year)	PM 1:03	Page of
	1 - 2/ >0/ 2	16 CSTY SI	ERK	Tor Official Coo Offin
SEE INSTRUCTIONS ON REVERSE	through DEC SIJACOX	1000 3 percos	LODI	
1. Type of Recipient Committee: All Committees - Committe	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee     Recall     (Also Complete Part 5)	allot Measure Committee ) Primarily Formed ) Controlled ) Sponsored  No Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	t Spec	terly Statement ial Odd-Year Report Iemental Preelection ment - Attach Form 495
○ Sponsored □ P	rimarily Formed Candidate/ Officeholder Committee Also Complete Part 7)			
3. Committee Information	D. NUMBER 1246913	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  AVID A COMMITTER TO ELECT  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET ON P.O. E	52/2 209-200-2156	MAILING ADDRESS  MAILING ADDRESS  CITY  NAME OF ASSISTANT TREASU	21 POSA WHY STATE ZIP C GA G	ODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State  Executed on	of California that the foregoing is true a	A knowledge the information contain and correct.  Signature of Theasurer or Assistent atrolling Officeholder, Candidate, State Measure Prospective of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate,	Treasurer  roponent or Responsible Officer of Sponsor  State Measure Proponent  State Measure Proponent	schedules is true and complete. (  FPPC Form 460 (June/01)  PPC Toll-Free Helpline: 866/ASK-FPPC State of California

CALIFORNIA 460

. Officeholder or Candidate Controlled Commit	tee	6.	Ballot Measure Commi	ttee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		<del></del>		
David L.O' Convide							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CIT	STATE ZIP		Identify the controlling off	ceholder, car	didate, or st	tate measure p	proponent, if any.
The state of the second	101		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	F ANY
	· · · · · · · · · · · · · · · · · · ·						
COMMITTEE NAME	I.D. NUMBER						
		-	Dalamanilla Farmand Octob				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Com	mittee List arily formed.	names of offic	ceholder(s) or c	andidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)		NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)				<u> </u>		
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	ch continuatio	on sheets if .	necessary	

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from OCT 20(20)2 CALIFORNIA 460

through 12C 31 1002 Page 3 of 6

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions ...... Schedule A. Line 3 \$ 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 7 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made ...... Schedule E. Line 4 \$ Candidates 22. Cumulative Expenditures Made\* 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F. Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 32.69 To calculate Column B. add amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last report. Some amounts in 15. Cash Payments ...... Column A. Line 8 above Column A may be negative 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \*Since January 1, 2001. Amounts in this section may be carry over the amounts from Lines 2, 7, and 9 (if different from amounts reported in Column B. Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01)

Schedule A Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE		Amounts	or print in ink. s may be rounded whole dollars.				SCHEDULE ALIFORNIA 460 FORM	
NAME OF FILER	DAVID A. O. GINDA			•		I.D. NUN	ABER 246913	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$		Ass Color	Maria .	
Amount re (Include al	A Summary ceived this period – contributions of \$100 or more. Il Schedule A subtotals.)	••••••		0	IND COM OTH	•	il int Committee than PTY or SCC)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, (	Column A, Line 1.)	TOTAL \$_	_0/			ontributor Committee	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E
<b>Payments Made</b>

Type or print in ink. Amounts may be rounded Statement covers period **CALIFORNIA** 

SCHEDULE E

T dymente made	to whole q	mars.		from UCL 501	+ <del>003</del>   F0	HIVI
SEE INSTRUCTIONS ON REVERSE				through Dec 31,3	260 <sup>2</sup> Page C	5 of 6
NAME OF FILER DOVID A C'CONNO	R				I.D. NŪ	MBER 246913
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	s the payment, yo  MBR member com  MTG meetings and  OFC office expen  PET petition circul  PHO phone banks  POL polling and s  POS postage, deli	munications d appearance ses ating urvey resear very and me	es	RAD radio airtime and pro returned contribution SAL campaign workers' s TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, l	oduction costs ns salaries and production cost ging, and meals odging, and meals mmittees of the sal	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
						ļ 
<del></del>						<u> </u>
Payments that are contributions or independent expenditures r	must also be summ	arized on S	chedule D.		SUBTOTAL \$	; 
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include all So		•			,	<u> </u>
2. Unitemized payments made this period of under \$100					·	<u> </u>
3. Total interest paid this period on loans. (Enter amount from					,	<u> </u>
4. Total payments made this period, (Add Lines 1, 2, and 3, E	inter here and on th	ne Summa	rv Page, Columi	n A. Line 6.)	TOTAL S	. 0

Schedule F	Type or print in ink.		SCHEDULE F				
Accrued Expenses (Unpaid Bills)	Amounts may be round	Statement cove		CALIFORNIA 460			
Accrued Expenses (Unpaid Bills) to whole dollars.			from		ORIVI - C		
SEE INSTRUCTIONS ON REVERSE			through	Pag	e 6 of 6		
DAVID A. C'COMOR		·			246913		
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Ot	therwise, describe t				
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks	nces	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals				
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POL polling and survey res POS postage, delivery and PRO professional services ( PRT print ads	messenger services	TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	. (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Financial Center Chedit Vaviori STOCKTON CA 9520	CMP	1155	E	6	1155		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1155	\$ 6	s e	\$ 1155		
Schedule F Summary							
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under t	btotals for \$100.)	INCU	JRRED TOTALS \$	0		
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.)	n 	PAID TOTALS \$	-6		
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)				NET \$	May be a perative number		